

Montana Employer's Unemployment Insurance (UI) Quarterly Wage Report – Form UI-5G GOVERNMENTAL/REIMBURSABLE

DEPARTMENT OF COMMERCE PO BOX 5632 HELENA MT 59604-5632

Quarter End	Due Date				
Dec 31, 2013	Jan 31, 2014				
Employer Identification Numbers					
UI Account Number	205 4024				
Federal ID (FEIN)	46-5798654				
UI Contribution Rate UI Administrative Fu UI Total Tax Rate	0.7070				

	if no wages are paid. Instructions for completing this .mt.gov/tax/uitaxforms.asp or call 406-444-3834. File				
	If paying by check, please use attached voucher.				
applicable boxes and provide Cease Information	ges paid for the quarter covering this report usiness – Name, address and phone number of new ow d Employing – Last payroll date// e in Name, Address, Phone Number or Federal ID # (lis led Report			_	
Step 2. Unemploymen	t Insurance Employee Wage Listing	Check here if wage I	isting is	attached.	
Employee's Social Security Number Name of Employee Last Name		First Name		Total Wages Paid this Quarter	
	7				
Total					
Step 3. Calculate Tax		State Unemployment Insurance Tax		Step 4. Number of UI Employees	
Total wages paid this quarter UI total tax rate Total tax (multiply line 1 times line 2)				Number of covered	
			0.0055	workers who worked	
			00	during, or received pay for the payroll period that	
 Credits (overpayment from Adjustments to prior quar 	0	00	the payroll period that includes the 12 th day of		
6. Balance due (line 3 – line			the month:		
· · · · · · · · · · · · · · · · · · ·	\$25) and interest (line 6 x 1.5% x month(s) past due)			1 st month	
8. Payment enclosed (line 6				2 nd month	
Make Check Payable to Une	mployment Insurance Division. Please use attache	d voucher.	'	3 rd month	
	n and make a copy of this form for your records. Mail yo e, even if no wages are paid or tax is due. Question?		wage list	ings and payment with	
Mail to: Unemployment Insurance	I certify the information on this report is true and co				
Contributions Bureau PO Box 6339 Helena MT 59604-6339	Authorized Signature Title Telephone N	lumber Name/Title o	per Name/Title of Contact Person Telephone N		
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